

# HAWAI‘I STATE DEPARTMENT OF EDUCATION (HIDOE) COURSE-BASED RESEARCH FORM & AGREEMENT

## OVERVIEW & PROCESS

This form is for course-based research conducted in HIDOE schools or offices for academic coursework only. This process does NOT authorize publication or dissemination of findings. If publication or future use is intended, a full HIDOE research application is required (accessible at <https://hawaiipublicschools.org/data-reports/research-and-data-requests/>).

HIDOE school administrators also retain the authority to pause or terminate research activities at any time if concerns arise related to student welfare, staff workload, school operations, or policy compliance.

## SUBMISSION CHECKLIST

Please ensure the following documents are attached to your submission:

- Institutional Review Board (IRB) approval or exemption letter
- Data Collection Instruments (e.g., copies of surveys, interview protocols)
- Consent/Assent Forms (templates for parents, students, or staff)

## SUBMISSION

Email this completed form and all required attachments to **DOEresearch@k12.hi.us**. *Research may begin only after formal verification is issued by the HIDOE Data Governance & Analysis Branch (DGA).*

## **SECTION I: COURSE & INSTRUCTOR/ADVISOR INFORMATION**

Course Instructor/Advisor Name: \_\_\_\_\_

Course Instructor/Advisor Email Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Department/Program: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Course Code & Title: \_\_\_\_\_

Term Start Date: \_\_\_\_\_ Term End Date: \_\_\_\_\_

## **SECTION II: STUDENT RESEARCHER INFORMATION**

“Student Researchers” are individuals enrolled in a course who are conducting research involving HIDOE students, personnel, data, or facilities.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

HIDOE School Site: \_\_\_\_\_

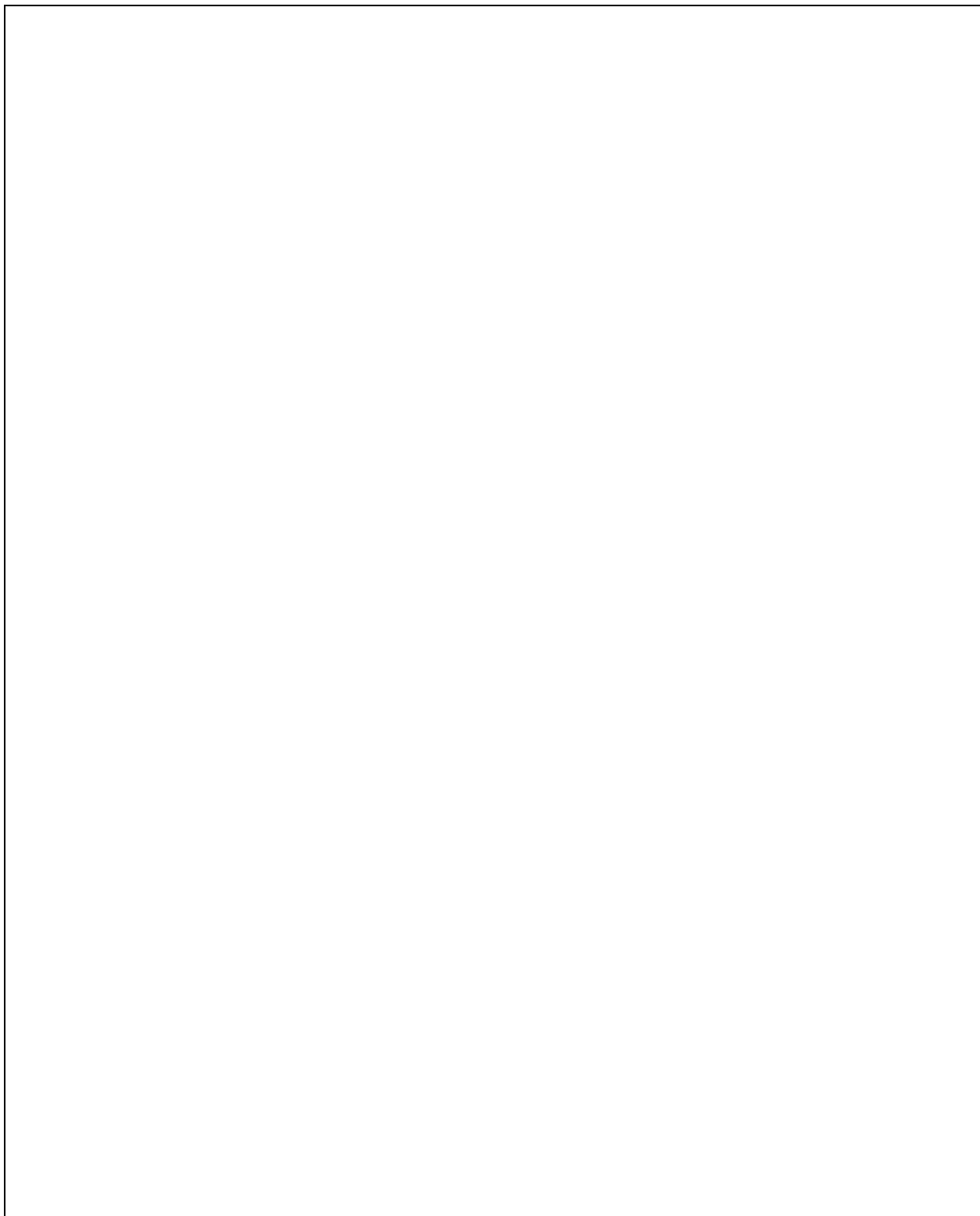
HIDOE Employee (circle one): Y / N

Check this box if a list of additional Student Researchers is attached

## **SECTION III: RESEARCH SUMMARY**

Provide a clear and brief description of the proposed study:

- Purpose & Research Question(s) (*Briefly describe the goal of the study*)
- Participants (*Who, how many, and how will they be selected?*)
- Research Activities (*What will occur, when, and duration*)
- Data Collection Tools (*e.g., surveys, observations, student work*)
- Analysis Plan



(Attach additional pages if needed)

## SECTION IV: ELIGIBILITY CRITERIA

To qualify for this streamlined coursework process, the proposed research must meet all of the following criteria. *If your project does not meet these, a full HIDOE research application is required.*

- Involve normal educational practices, such as instructional strategies, or focus on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods
- Present minimal risk to participants and is course-limited in scope
- Does **NOT** involve special education settings, populations, or targeted interventions

**Note:** Due to the sensitivity of special education research, full review is required. To request approval of such research, submit a full research application (accessible at <https://hawaiipublicschools.org/data-reports/research-and-data-requests/>)

- Does **NOT** disrupt:
  - The normal day-to-day operations of HIDOE schools and offices
  - Instructional time and the regular educational experience of HIDOE students
  - The assigned duties and workload of HIDOE staff
- Not publish, make publicly available, or re-purpose the HIDOE data, research findings, or results in any form in the present or future
- The research must be conducted by a Student Researcher who already has role-based access to the proposed participants and/or data through their current professional position within HIDOE. The study may not be used to obtain access to new populations, sites, or data beyond what is already authorized as part of the researcher's assigned duties.

## SECTION V: DATA PRIVACY & USE AGREEMENT

All HIDOE data (including student, staff, and school-level) must be handled in accordance with applicable privacy laws, including the Family Educational Rights and Privacy Act (FERPA).

The Student Researcher hereby agrees to:

- Protect the privacy of all education records and participants
- Use data only for the approved course and not for publication, public presentation, or future repurposing
- Ensure only the Student Researcher, Course Instructor, and relevant HIDOE employees have access to raw data
- Store all data on password-protected or encrypted systems
- Limit the distribution of aggregate or de-identified HIDOE data, research findings, and results to the following:
  - Only in the context of the course
  - Only with the individuals enrolled in the course and the Course Instructor

The Student Researcher will fully comply with confidentiality laws pursuant to FERPA by protecting the privacy of education records and the confidentiality of all data in their possession. Should a violation arise, the Student Researcher will report it immediately to the Department via email to: eab@k12.hi.us and take the necessary steps to rectify the violation and immediately establish full regulation compliance.

In the event of a breach involving the data, the Student Researcher must report it immediately to the Department and shall notify the owner of the information of any security breach following the discovery of the breach. The Department will take action according to its guidance document, “Guidelines for Notification of Security Breaches of Personal Information” (available at bit.ly/HI487N) so that breach notification can occur as required by “Security Breach of Personal Information” (Chapter 487N, HRS). Any breach is the responsibility and liability of the Provider, which, by signing this form, agrees to indemnify and defend the Department should the Department be found liable as a result of the breach.

**Data Destruction Requirement:**

Destroy all HIDOE Data (including personally identifiable, aggregate, and de-identified data and copies) within **30 days** of the term end date identified in Section I. This requirement does not apply to signed consent forms, which, in accordance with 45 CFR §46.115(b) “IRB Records,” may be retained for three years after completion of the research.

**SECTION VI: CONSENT & COMPLIANCE**

Consent requirements must be strictly followed, including obtaining written parent or guardian consent for minors, student assent, and staff consent where applicable. All completed forms must be properly maintained and made available for HIDOE/DGA review upon request. Failure to comply with these requirements may result in immediate termination of the research, mandatory destruction of collected data, and possible restriction of future research access.

**SECTION VIII: STUDENT RESEARCHER AGREEMENT**

I certify that:

- I, the above-named Student Researcher, have reviewed and agree to comply with all of the conditions stated herein.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IX: COURSE INSTRUCTOR/ADVISOR APPROVAL**

I certify that:

- I have reviewed the proposed research summary and will supervise the Student Researcher(s) as they conduct their research activities and will ensure that the Student Researcher(s) comply with

the conditions stated above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION X: HIDEO ADMINISTRATOR APPROVAL**

For the purposes of this form, an HIDEO Administrator is defined as the appropriate authorized official responsible for oversight of the research location. This includes the school principal when the research is conducted at a single school site, or the Complex Area Superintendent when the research involves multiple schools within a complex area.

I certify that:

- I have reviewed the research summary as stated above, and give my consent for these research activities to take place at:

School/Office: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Participation in the research activities by HIDEO students, parents, and personnel is on a strictly voluntary basis and is not guaranteed by the consent of the HIDEO school/office administrator.*

### **SECTION XI: HIDEO DGA VERIFICATION (OFFICIAL USE ONLY)**

Verified

Unverified

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_